

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/11/05</u>	2 Serial/Patent # <u>10/519522</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input checked="" type="checkbox"/> Other			\$ <u>100</u>							
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>							
		8 TO BE REFUNDED BY:								
		Treasury Check								
<input type="checkbox"/> Overpayment		Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		<u>9</u> <table border="1"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>2</td><td>2</td><td>0</td></tr></table>		5	0	--	0	2	2	0
5	0	--	0	2	2	0				
10 REASON:										
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: _____		TITLE: _____								
SIGNATURE: _____		Refile Date: 06/13/2005 BCAMPBEL 0018174000 DAA: 500220 Name/Number: 10519522 FC: 9204 \$100.00 CR								
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B